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COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 2950

SERIAL NUMBER 09/834,442	FILING DATE 04/13/2001 RULE	CLASS 514	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. 29342/37225
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APPLICANTS

John S. Whitaker, Woodinville, WA;
Inigo Saenz de Tejada, Madrid, SPAIN;
Kenneth M. Ferguson, Bothell, WA;

**** CONTINUING DATA *******

THIS APPLICATION IS A CIP OF 09/558,911 04/26/2000 PAT 6,451,807
WHICH CLAIMS BENEFIT OF 60/132,036 04/30/1999

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 06/05/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 0	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Identified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

MARSHALL, GERSTERIN & BORUN
6300 SEARS TOWER
233 SOUTH WACKER DRIVE
CHICAGO, IL 60606-7357

TITLE

Daily treatment for erectile dysfunction using a PDE5 inhibitor

FILING FEE RECEIVED 1854	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit _____



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CONFIRMATION NO. 2950

SERIAL NUMBER 09/834,442	FILING DATE 04/13/2001 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 29342/37225
APPLICANTS John S. Whitaker, Woodinville, WA; Inigo Saenz de Tejada, Madrid, SPAIN; Kenneth M. Ferguson, Bothell, WA;				
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/558,911 04/26/2000 WHICH CLAIMS BENEFIT OF 60/132,036 04/30/1999				
** FOREIGN APPLICATIONS ***** <i>No</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/05/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>MS</i>	STATE OR COUNTRY WA	SHEETS DRAWING	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 6
ADDRESS 04743				
TITLE Daily treatment for erectile dysfunction using a PDE5 inhibitor				
FILING FEE RECEIVED 1854	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	